

# Authorization for credit card payment

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Invoice Being Paid: \_\_\_\_\_

Expiry Date for Payment Authorization: \_\_\_\_\_

VISA       Mastercard

Credit Card Number: \_\_\_\_\_

Expiry Date on Credit Card: \_\_\_\_\_

Name as Printed on Credit Card: \_\_\_\_\_

Signature: \_\_\_\_\_

This form can be reproduced for additional payments.

For questions, please contact:

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